

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014551

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 17 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Platte Township

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Highway 169 Trimble Mo.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

3244 Gormer

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles

Edward

Ashbee

4. DATE OF DEATH

Month

Day

Year

April 13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

4/21/1922

9. AGE (last birthday)

39

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10b. KIND OF BUSINESS OR INDUSTRY

Manufacturing

11. BIRTHPLACE (City and state or country)

Rural Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Glen Ashbee

13b. MOTHER'S MAIDEN NAME

Not Known

14. NAME OF HUSBAND OR WIFE

Della Ashbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

10.10.2

16. SOCIAL SECURITY NO.

2

17. INFORMANT

Della Ashbee

1918 3rd St. Joseph Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken Neck

INTERVAL BETWEEN ONSET AND DEATH

Imedi.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Automobile Accident, Hwy 169 near Trimble, Mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile Accident, near Trimble, Mo.

20c. TIME OF INJURY
Hour Month, Day, Year

4:40 p.m. 4-13-1962

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 169

20f. CITY, TOWN, OR LOCATION

Platte Township, Clay, Missouri

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marguerite Hudgens (Local Registrar)

22b. ADDRESS

2116 Fayette St.,
N. W. C. 46, Mo.

22c. DATE SIGNED

4-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Prentiss

23d. LOCATION (City, town, or county)

Akron

Ohio

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyon Funeral Home, Plattsburg, Mo.

25. DATE RECD. BY LOCAL REG.

4-15-62

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.